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Bib Data Sheet

CONFIRMATION NO. 2597

| SERIAL NUMBER   | FILING OR 371(c)<br>DATE  | CLASS                      | GROUP ART UNIT   | ATTORNEY<br>DOCKET NO. |
|---|---|----------------------------|--|------------------------|
| 10/693,174  | 10/23/2003<br>RULE  | 514                        | 1614   | 4126-4012              |
| <b>APPLICANTS</b><br>Kenneth L. Rinehart, Urbana, IL;<br>Robert A. Warwick, Urbana, IL;<br>Jesus Avila, Madrid, SPAIN;<br>Nancy L. Fregeau Gallagher, Wheeling, IL;<br>Dolores Garcia Gravalos, Madrid, SPAIN;<br>Glynn T. Faircloth, Cambridge, MA;          |   |                            |  |                        |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/386,724 08/31/1999 PAT 6,800,661<br>which is a CIP of 09/058,456 04/10/1998 PAT 6,107,520<br>which claims benefit of 60/043,326 04/15/1997<br>and claims benefit of 60/043,599 04/15/1997  |   |                            |  |                        |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                            |  |                        |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 03/19/2004   |   |                            |  |                        |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | STATE OR<br>COUNTRY<br>IL  | SHEETS<br>DRAWING<br>6   | TOTAL<br>CLAIMS<br>20  |
| Examiner's Signature _____ Initials _____   |   | INDEPENDENT<br>CLAIMS<br>3 |  |                        |
| <b>ADDRESS</b><br>27123   |   |                            |  |                        |
| <b>TITLE</b><br>SPISULOSINE COMPOUNDS   |   |                            |  |                        |
| <b>FILING FEE<br/>RECEIVED</b><br>1708  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |